Triad Hindu Temple

2424 Huffine Mill Road, Mcleansville, NC 27301
www.triadhindutemple.org
Ph:(336) 621-5848
Federal Tax ID: 58-1379581

New Temple Fund Donation & Pledge Form

First Name:		Last Name			
Address:					
City:		State:		Zip:	
Phone:		E-mail:			

I(we) hereby authorize **Triad Hindu Temple** to initiate an electronic debit (e-check/ ACH) against my bank account according to terms outlined below.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of United States Law.

Donation**/Month**:	Please specify the amount like $25/50/100/200/250/ 500/1000 etc.	Starting Month (mm/yyyy):	____/____2018____/____
Name of Bank:			
Bank ABA (9 digits):		Account Type:	Checking ☐ Savings ☐
Account Number:			
Name of Account Holder(s):			

This payment authorization is to remain in full force and effect until I/we _____ _____(Donor's Name), notify Triad Hindu Temple of its cancellation by sending written notice in such time and in such manner to allow both the Triad Hindu temple and receiving financial institution a reasonable opportunity to act on it, or up to a period of TWO years whichever is earlier.

X_____ Signature / Date

X_____ Signature / Date

Note: Please attach a voided check preprinted with account information.

Donation form can be sent vial email to treasurer@triadhindutemple.org